

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-037018

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 345 Primary Registration District No. 3047 Registrar's No. 130

FILED OCT 9 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, give TOWNSHIP only) Neosho		c. CITY OR TOWN Stark City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. Sale Mem Hosp		d. STREET ADDRESS Gen, Del,	
3. NAME OF DECEASED (Type or print) First Middle Last Chester L. Wilson		4. DATE OF DEATH Month Day Year October 5 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-2-1940
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Building	
13a. FATHER'S NAME Clifford Wilson		13b. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) No None		16. SOCIAL SECURITY NO. 70	
17. INFORMANT Patsy Wilson		14. NAME OF HUSBAND OR WIFE Patsy	
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Skull fractures DUE TO (b) injuries sustained in automobile Accident DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH 25 Min.	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) injured in one car upset		20c. TIME OF INJURY Hour Month, Day, Year 8:15 P.M. Oct. 5, 1963	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) On Hwy. # 86,	
20f. CITY, TOWN, OR LOCATION 5 Mi. West of Neosho, Newton County, Mo.		20g. COUNTY Newton	
20h. STATE Mo.		20i. CITY, TOWN, OR LOCATION 5 Mi. West of Neosho, Newton County, Mo.	
21. I attended the deceased from Death occurred at 8:45 P.M.		21. I attended the deceased from did not attend, to and last saw her alive on	
22a. SIGNATURE (Degree or title) James L. Haddock, Coroner, Newton Co. Mo.		22b. ADDRESS 118 W. Main, Neosho, Mo.	
22c. DATE SIGNED 10-8-63		22d. LOCATION (City, town, or county) (State) Hornerville, Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 10-8-1963	
23c. NAME OF CEMETERY OR CREMATORY Hornerville Cemetery		23d. LOCATION (City, town, or county) (State) Hornerville, Missouri	
24. FUNERAL DIRECTOR Clark Funeral Home		25. DATE RECD. BY LOCAL REG. 10-8-63	
26. ADDRESS Neosho, Mo		27. REGISTRAR'S SIGNATURE Patsy Wilson	

(Licensed Embelmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

061

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Red L. Clark

Licensed Embalmer No. 5086

P. O. Address 312 So. Wood
Wesley, Mo

82-111
Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.